


Fairfax Hospital

Policy and Procedure

Policy Number:	BO 1.1	Manual:	Business Office Manual
Policy Title:	Charity Care		
Contributors:	Peggy Trachte	Affected Departments:	Business Office
Review Responsibility:	Pam Rhoads	Approved by:	
Effective date:	5/1/07	Last Revised Date:	12/01/05

POLICY:

Fairfax Hospital is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of financial assistance and charity care, consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, are established. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance and charity care while ensuring the maintenance of a sound financial base.

PROCEDURE:

1. Information about the hospital's financial assistance and charity care policy shall be made publicly available as follows:
 - A notice advising patients that the hospital provides charity care shall be posted in key public areas of the hospital, including the Admissions Offices, PAT rooms, Front Lobby, and Reception Area.
 - The hospital will distribute a written notice about the availability of charity care during the admission process. Admissions staff will also verbally explain the written notice in the course of the admission. If for some reason (eg. emergency situation), the patient is not notified of the existence of charity care before receiving treatment, he/she shall be given the written notice as soon as possible thereafter.
 - The written notice and verbal explanation shall be available in English and Spanish, and interpreted for other non-English speaking patients.
 - Written notice about the hospital's charity care policy shall be made available to any person who requests the information by mail, telephone, or in person. The hospital's sliding fee schedule shall also be made available upon request.
2. The Financial Counselor will identify any uninsured, underinsured, or self pay patients during the admissions process or as soon after the admission as possible. The charity care application shall be furnished to the responsible party when financial assistance is

requested, when need is indicated, or when financial screening indicated potential need.

3. The patient will complete the "Financial Disclosure" that includes income, assets, and liabilities to determine eligibility for charity care. All applications should be accompanied by documentation to verify information indicated on the application form, such as W-2 form, pay stubs from employment during the relevant period (3 months prior to hospitalization), an income tax return from the most recently filed calendar year, or forms proving or denying Medicaid eligibility.
4. In the event that the responsible party is unable to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person (WAC 246-253-030(4)).
5. The hospital will allow a patient to apply for charity care at any point from pre-admission to final payment of the bill.
6. Charity care is secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid, other state, federal, or military programs. The Financial Counselor will verify insurance, if available, and assist the patient or responsible party in completing an application for public assistance if appropriate.
7. Patients will be granted charity care regardless of race, creed, color, national origin, sex, sexual orientation, or the presence of any sensory, mental, or physical disability. Charity care shall be limited to appropriate hospital based medical services as defined in WAC 246-253-010.
8. In those situations where appropriate financial resources are not available, patients shall be considered for charity care under this policy based on the following criteria:
 - The full amount of uncovered hospital charges will be determined to be charity care for a patient whose gross family income is at or below 100% of the federal poverty level.
 - For patients with income between 101% and 200% of the federal poverty level, the discount will be 80%.
 - Uninsured patients with incomes between 201% and 300% of the federal poverty level will be granted a discount of 75%.
9. While the charity care application is being processed and an eligibility determination is being made, the hospital will not initiate collections efforts.
10. The hospital may write off as charity care amounts for patients with family income in excess of 300% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

11. If the hospital becomes aware of factors which might qualify the patient for charity care, it shall advise the patient of this potential and make an initial determination that such an account is to be treated as qualified to receive charity care.
12. The responsible party's financial obligation which remains after the application of the sliding fee schedule shall be payable as negotiated between the hospital and the responsible party.
13. Each charity care applicant who has been initially determined eligible for charity care shall be provided with at least 14 calendar days to secure and present documentation in support of his or her application prior to receiving a final determination of eligibility.
14. The hospital shall notify the applicant of its final determination within fourteen (14) days of receipt of all application and supporting documents.
15. When the applicant for charity care is denied, the responsible party shall receive a written notice of denial which includes the reason for the denial, the date of the decision, and instructions for appeal. If the denial was due to a lack of information, the denial notice also must include: a description of the information that was requested and not provided; a statement that eligibility for charity cannot be established based on the information available to the hospital; and that eligibility will be determined if, within 30 days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.
16. The responsible party may appeal a denial of eligibility for charity care by providing additional verification of income or family size to the Business Office Director within thirty (30) days of receipt of notification. The Business Office Director will review all appeals. If this review affirms the previous denial of charity care, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

ATTACHMENTS:

Charity Care Eligibility Determination Sliding Fee Schedule
Charity Care Notice

**Fairfax Hospital
Charity Care Guidelines**

Number in Household	100% FPL Monthly Income	101-200% Monthly Income	201-300% Monthly Income
1	851	852-1702	1703-2553
2	1141	1142-2282	2283-3423
3	1431	1432-2862	2863-4293
4	1721	1722-3442	3443-5163
5	2011	2012-4022	4023-6033
6	2301	2302-4602	4603-6903
7	2591	2592-5182	5183-7773
8	2964	2965-5928	5929-8892
9	3171	3172-6342	6343-9513
10	3461	3462-6922	6923-10383

Discount Level	100%	80%	75%
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Patient Pays	0%	20%	25%
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Fairfax Hospital

Notice of Charity Care

What is charity care? Charity care helps people and families in Washington pay for hospital services. Charity care provides for free or reduced-price care, depending on eligibility and income.

Who receives charity care?

1. To receive financial assistance your income level must be within our guidelines.
2. If your income is within our guidelines, you can get assistance even if you are insured but the insurance does not cover all the costs of your care.
3. To receive financial assistance you cannot be involved in a work related injury or similar situation where someone else has a legal responsibility to pay for the costs of your hospital care.
4. You can receive financial assistance and charity care regardless of race, creed, color, national origin, sex, sexual preference, or the presence of any sensory, mental, or physical disability.

What does charity care cover? Charity care covers medically necessary hospital care, including inpatient and outpatient care. Charity care *does not* cover transportation costs or care that is not medically necessary, and usually does not cover doctors' fees.

How do I apply? To find out what is needed to prove you are eligible and what services will be covered, please contact:

Yolanda Mazer, Jessica Trenky, or Anabel Nunez, Financial Counselors
Admissions Office
Extensions: 1501 or 1583